			Application or Docket Number									
	- PATENI	APPLICATION OF THE PROPERTY OF	ON FEE D			ION RECO	ORI	D	(ww)	299	901-P	US-
_	THE THE PERSON NAMED IN COLUMN TWO					·						
		CLAIMS_A	•			lumn 2)		SMALL	ENTITY			RTHAN
	OTAL CLAIMS	S					7.	TYPE	<u> </u>	OR	-	ENTITY
	OR.		114		 		-	RATE			RATE	FEE
-	·		-	NUMBER FILED		NUMBER EXTRA		BASIC FI	EE 385.00	OR	BASIC FEE	F -7-70:00
•		ABLE CLAIMS	14 _mi	/ // _minus. 20=.				XS-9=		OR	X\$18=	
	DEPENDENT C			/ minus 3 =				X43=		OR	X86=	
Mt	JUTIPLE DEPE	NDENT CLAIM P	'RESENT'	RESENT				+145=	1			
	f-the difference	e-in-column-1-is	less than-z	less than-zero,-enter="0"-in-column 2				TOTAL		OR		
				NDED - PART II				IUIAL		OR	TOTAL	710
	-	(Column 1)	AIVI L 1 1 2 2 2 2	(Colum	mn 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
ALNE		CLAIMS REMAINING AFTER AMENDMENT	CLAIMS HIGHEST REMAINING NUMBER AFTER PREVIOUS		IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	1	RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	## P 100	-Un	=		X\$ 9=	1	OR	X\$18=	FEL
ĀĒ	Independent		Minus	***		=		X43=	+	1 1	X86=	
۹ —	FIRST PRESE	ENTATION OF MI	ULTIPLE DEF	LTIPLE DEPENDENT CL					-	OR	*	
••	. A grown the control of the control						Į	+145=		OR	+290=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	ng a processor and a sufficient state of	(Column 1)		(Colum		(Column 3)	1 - -			7 F		
NOMENT B	7 	REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
25	Total	*	Minus	**		=		:X\$ 9=`		OR	X\$18≅	
AME	Independent	*	Minus	***		=		X43= ·	1	1 1	X86=	
	EIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT (CLAIM					OR		
								+145=		OR	+290=	
-		ACCORDANCE OF THE SECOND	The state of the second section is a second	to disease a			. A	TOTAL DDIT: FEE		OR A	TOTAL ADDIT. FEE	
7	A	(Column 1)		(Columi		(Column 3)		·		· <u>-</u>		
בוגו		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
-	Total	•	Minus	**		=		X\$ 9=		ŌŔ	X\$18=	
	Independent		Minus	***		=	T	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		+		•	on h		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	•
•• H	the "Highest Nurr	mber Previously Pai mber Previously Pai	id For IN THIS	SPACE is to	less than	20 enter 20 *	ΑĽ	TOTAL DDIT. FEE		OR A	TOTAL DDIT. FEE	
T	he *Highest Num!	ber Previously Paid	For (Total or	Independen	it) is the f	highest number	toun	d in the app	propriate box			
											•	